

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>one</i>		7/2/00
O.I.P.E. CLASSIFIER		15	7/10/00
FORMALITY REVIEW	NH	617	8-14-00
RESPONSE FORMALITY REVIEW	<i>Hy</i>	00362	3-15-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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